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Follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolutions 67/143, entitled "Follow-up to the Second World Assembly on Ageing" and 67/139, entitled "Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons". The report examines three key priority areas for implementation of the Madrid International Plan of Action on Ageing, 2002, based on the global outcome of the second review and appraisal of the Plan of Action held during the fifty-first session of the Commission for Social Development: access to decent work and employment for older persons, elder abuse and violence, and older adults and mental health.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolutions 67/143, entitled "Follow-up to the Second World Assembly on Ageing" and 67/139, entitled, "Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons".

2. The report examines three key priority areas for implementation of the Madrid International Plan of Action on Ageing, 2002[1] based on the global outcome of the second review and appraisal of the Plan of Action held during the fifty-first session of the Commission for Social Development: access to decent work and employment for older persons, elder abuse and violence, and older adults and mental health.

3. The present report was prepared prior to the fourth working session of the Open-Ended Working Group on Ageing, to be held from 12 to 15 August 2013; hence it does not include a report on the consideration of "Proposals for an international legal instrument to promote and protect the rights of older persons" as requested by the General Assembly in resolution 67/139, which is an item on the agenda of that session of the Working Group.

4. Strengthening income security, health and well-being, and the promotion and protection of the rights of older persons were among the major priority areas identified by Member States during the second review and appraisal for further action. Specific areas that required particular attention included: access to health care, non-communicable diseases, caregiving services, the training of professionals, housing and accessibility, and the prevention of violence and abuse against older persons.

5. Ensuring physical and financial access to age-appropriate health care for older persons through a variety of policy approaches has been a continuing focus for many Member States. However, the lack of health personnel trained in geriatric care has continued to be a problem in many countries, particularly developing countries.

6. Policies and programmes to address the rise in non-communicable diseases and the range of medical conditions experienced by an ageing population are already in place in most developed countries. Some developing countries, particularly those that are more advanced in their demographic transition, such as several Latin American countries, are now starting to see the need for reorientation of their public health policies.

7. Provision of, and support for, caregiving to older persons who require assistance is another policy issue that is increasingly common in both developed countries and a growing number of developing countries, particularly in Latin America and the Caribbean and parts of Asia. Many Member States have, until now, treated caregiving issues as solely a private, family function. However, changing social and economic realities, in combination with the growing number of older persons, are causing Governments to re-examine their approaches.

[1] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex I.

8. Programmes and policies on accessibility and housing, which are critical to "ageing in place",[2] have gained momentum over the past five years in many regions. Also noticeable is the global expansion of the World Health Organization (WHO) programme to promote aged-friendly cities since the first review and appraisal of the Madrid International Plan of Action on Ageing.

9. Enhancing the participation of older persons in the workforce has become an objective in most developed countries in the past few years. In addition, several developed countries have taken steps towards addressing the obstacles that, despite existing policy provisions and legislation, older persons continue to face in obtaining and retaining employment. In contrast, employment challenges and priorities in developing countries continue to leave little room for consideration of the situation of older persons.

10. A striking finding of the second review and appraisal was that abuse of and violence against older persons have become a serious and growing concern for Member States in all regions of the world regardless of their level of development, an issue which had received limited attention during the first review and appraisal.

11. Another significant finding was the number of Member States that have begun paying more attention to identifying and addressing barriers to the social, cultural and economic participation of older persons, as well as the various forms of discrimination faced by older persons, whether based on age alone, or age in combination with other personal attributes, such as gender, ethnicity, origin, disability or sexual identity.

12. National and regional reports showed that across the various sectors progress has again been made in the past five years, particularly in developed countries and some developing countries. However, overall progress in the implementation of the Madrid Plan of Action has lagged in many countries, with significant gaps between policy and practice as a result of insufficient funds and lack of human and political resources.

13. The present report examines policies, programmes and legislative practice regarding three specific issues identified in the regional review and appraisal processes as central to promoting the participation of older persons and their social inclusion throughout the ageing process. Section II below focuses on access to decent work and employment for older persons. Section III addresses elder abuse and violence. Section IV discusses the growing challenge of mental health issues affecting older persons. Conclusions and recommendations are presented in section V.

II. Access to decent work and employment for older persons

14. Work and employment are as important to the social integration of older persons as they are for adults of other age groups. The right of older persons to work should, therefore, be promoted and protected on an equal basis with the right to work of others.[3] In developed countries, some older people nearing retirement

[2] The Centers for Disease Control defines "ageing in place" as the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level: www.cdc.gov/healthyplaces/terminology.htm.

[3] See A/67/188, sect. II.A.

age may wish to remain active by working longer and retiring later in life. Others may try to continue working into old age because their pensions, usually their only, or main, source of income, would be insufficient to cover their living expenses after retirement, or might be higher if taken later. In less developed regions, older persons may remain in the workforce for as long as they can out of necessity, to secure their livelihoods.

Labour force participation rates by sex and age group in selected regions, 2012 and change since 2000

(Percentage)

	Age 55-64		*Age 65 and over*	
Region	*2012*	*Change since 2000*	*2012*	*Change since 2000*
		Males		
Africa	79	-2	53	-3
Asia and the Pacific	78	0	39	-2
Central and South-Eastern Europe (non-European Union) and Commonwealth of Independent States	58	6	15	-1
Developed economies and Europe	67	6	16	1
Latin America and the Caribbean	78	1	38	-2
Middle East	61	-10	27	-15
		Females		
Africa	55	2	33	1
Asia and the Pacific	39	1	14	1
Central and South-Eastern Europe (non-European Union) and Commonwealth of Independent States	35	9	8	1
Developed economies and Europe	51	12	8	2
Latin America and the Caribbean	44	8	16	2
Middle East	9	1	3	-1

Source: Calculated from International Labour Organization, *Key Indicators of the Labour Market*, 7th edition, available from www.ilo.org/kilm.

15. In 2012, estimates of labour force participation rates for men aged between 55 and 64 years were highest in Africa, Asia and the Pacific, and Latin America and the Caribbean, at 78 and 79 per cent, followed by the developed economies and Europe at 67 per cent (see table 1). Male labour force participation beyond the age of 65 was significantly lower, with the highest rate, 53 per cent, being observed in Africa and the lowest rates, 16 and 15 per cent, respectively, in developed economies and Europe, and Central and South-Eastern Europe and the Commonwealth of Independent States. This variation reflects an inverse relationship between working at older ages and the proportion of older persons receiving a pension. A very large majority of older persons in developing countries have no access to a pension and, therefore, continue to participate in income-generating activities. The labour force participation of women aged 55 and over was lower than that of men in all regions

of the world. However, the discrepancy between developed and developing countries was much smaller than in the case of men, with African and European women aged between 55 and 64 years displaying fairly similar levels of economic participation: 55 and 51 per cent, respectively.

16. Member States are increasingly recognizing the economic benefits for individuals, households and society at large when older people remain in the workforce, and have been adopting measures to support and enhance their economic participation. Recent estimates have confirmed steady upward trends in the labour force participation of both male and female workers aged between 55 and 64 years in Europe, Australia, New Zealand and North America. In contrast, little change has been observed in Asian and Latin American countries, while the labour force participation rates of men aged 55 and over have dropped markedly in the Middle East.

17. In developed countries, the primary concern of Governments remains the financial sustainability of pension systems in the face of significant increases in the number of older persons and retirees, the continued lengthening of retirement due to longevity, and the shrinking share, and sometimes number, of younger adult workers. Several Member States have modified their national employment and retirement provisions to extend working life. A number of countries have adopted legislation that increases the retirement age progressively. In Denmark, for example, a law was enacted in 2011 that raises the official retirement age from 65 to 67 in the period 2019-2022, five years earlier than had been agreed upon in the 2006 Welfare Reform. Countries such as Australia, France, Greece, the Republic of Korea, Turkey and the United Kingdom of Great Britain and Northern Ireland have passed legislation to increase the pensionable age progressively for both men and women. In addition, a number of countries, such as the Czech Republic, have removed, or are planning to remove, restrictions on the concurrent receipt of a pension and income from work.

18. In less developed countries, workers who participate in the formal economy have been subject to long-established, mandatory retirement ages that are relatively low, often between 50 and 55, with different retirement ages for men and women, the retirement age for women usually being lower. Most older workers, however, are engaged in informal, rural occupations and the second review and appraisal confirmed that, by and large, older persons have continued to be excluded from access to microfinance services owing to their age, and that older women have been especially vulnerable as they often lack assets because of discriminatory property and inheritance laws.

19. Employers' negative perception of older workers has been identified historically as a major impediment to older workers' economic participation.[4] Some countries have taken steps to counter such a perception by providing financial incentives, in the form of tax breaks or credit, to employers who recruit, retrain or re-employ older workers. In France, a law was passed in 2010 which made provision for subsidies to be granted to companies hiring job seekers aged 55 or over for a period of at least six months. Several countries, such as Japan in 2008, have passed legislation, or amended existing provisions, to allow for more flexible working arrangements for older workers, such as part-time employment or flexible

[4] Organization for Economic Cooperation and Development, *Live Longer, Work Longer* (Paris, OECD Publishing, 2006).

hours. Flexible working arrangements improve the working conditions of older workers, give them greater choice of work options and allow for smoother work/retirement transitions.

20. The adoption of measures aimed at keeping older workers in the workforce seems to have led to a significant decrease in long-term unemployment among workers aged 55 and over in countries such as Austria, France and Germany. However, long-term unemployment rates for workers aged 55 and over increased between 2005 and 2012 by 7 to 25 percentage points in countries such as Ireland, Spain, Sweden and the United States of America as a result of the economic situation.[5]

21. A number of developed countries have adopted anti-age discrimination legislation that has provided older workers with protection in job seeking and retention as well as in access to training. The United States Age Discrimination in Employment Act of 1967 was an early example of such legislation. In Europe, European Union Directive 2000/78/EC established a general framework that prohibited discrimination in employment and occupation on the grounds of religion or belief, disability, age or sexual orientation.

22. The extent to which such anti-discrimination legislation has influenced national employment and judicial practices has varied among countries. A recent assessment of the transposition and application of European Union Directive 2000/78/EC undertaken by a network of civil society organizations[6] showed that, in many countries, the directive has been playing an important role in challenging the ageist views of many employers. However, the review suggested that age discrimination in the recruitment and retention of older employees not only still existed, but had worsened with the economic crisis. Moreover, it found that instances of discrimination were difficult to prove on the basis of existing national standards and that sanctions were minimal. European civil society organizations have been questioning increasingly national provisions that allow differences in treatment on the grounds of age, and existing exclusions from the general prohibition of discrimination in employment on the basis of age.

III. Elder abuse and violence

23. The 2012 second review and appraisal of the Madrid International Plan of Action showed that abuse and violence against older persons have become a growing concern for Member States in all regions, regardless of their level of development. The regional assessments carried out by the Economic and Social Commission for Asia and the Pacific (ESCAP)[7] and the Economic Commission for Africa (ECA)[8] both identified as a significant gap the low level of programmes, policies and legislation to counter neglect, abuse and violence. In the region of the Economic Commission for Europe (ECE), the prevention of abuse and violence was highlighted as a specific policy issue for focus during the next

[5] Organization for Economic Cooperation and Development review of policies to improve labour market prospects for older workers, 2012.

[6] AGE Platform Europe, Brussels, 2013.

[7] E/ESCAP/MIPAA/IGM.1/1.

[8] Available from http://www.un.org/esa/socdev/ageing/documents/Review_and_Appraisal/ECAReport.pdf.

implementation cycle.[9] In the region of the Economic Commission for Latin America and the Caribbean (ECLAC), it was noted that, while some policy, programme and legislative provisions had been adopted to address elder abuse and violence, efforts should continue.[10]

24. Limited information has been forthcoming as to the actual scope of the phenomenon of elder abuse, as well as the ways in which issues such as dependence, isolation and ageism factor into situations of abuse, and how abuse could be prevented. A series of surveys carried out in 2009 and 2010 by a consortium of non-governmental organizations and researchers in Austria, the Czech Republic, Germany, Greece, Ireland, Italy, Poland, Portugal, the Netherlands and Slovakia found that no common understanding existed within or between countries on what constituted elder abuse.[11] According to the survey report, that situation reflects both differences in cultural perceptions of what constitutes abuse, and the absence of an international framework setting out recognized forms of elder abuse.

25. Research on the extent and nature of elder maltreatment, undertaken in the context of the Abuse of Elderly in Europe (ABUEL) project — a multinational prevalence survey conducted by European Union member States in cooperation with non-governmental organizations in Germany, Greece, Italy, Lithuania, Portugal, Spain and Sweden — suggested the following prevalence rates: 19.4 per cent for mental abuse, 2.7 per cent for physical abuse, 0.7 per cent for sexual abuse and 3.8 per cent for financial abuse.[12]

26. Ageism has been identified as both a cause and a symptom of elder abuse, as well as one of the main reasons why societies have been slow to recognize, and in some cases deal with, the issue. Ageism encompasses negative perceptions, preconceived notions and negative attitudes concerning older persons that often lead to adverse outcomes. Ageist views of older persons may explain why the situation of older people is often not considered within the framework of policies and programmes to combat violence, be it in the family, against women or in the community. For example, abuse and violence directed against older women accused of witchcraft by their families and communities in a number of African, and some Asian, countries, and leniency towards perpetrators of violence, have remained largely unaddressed by public authorities.[13]

27. Awareness-raising among all actors, including the public, practitioners and older persons themselves, has been recognized as a key step in combating all forms of abuse. For example, between 2009 and 2012 the Government of Austria published three brochures that addressed key aspects of elder maltreatment. *Recognizing Violence. Questions and Answers on Violence against Older People*, issued in 2009, tackled the most prevalent forms and situations of violence towards

[9] Available from www.un.org/esa/socdev/ageing/documents/Review_and_Appraisal/ECEReport.pdf.

[10] www.un.org/esa/socdev/ageing/documents/Review_and_Appraisal/CR_Carta_ENG.pdf.

[11] European Reference Framework Online for the Prevention of Elder Abuse and Neglect, "Synopsis to the background and position paper of the European Project", available from www.preventelderabuse.eu (accessed on 10 June 2013).

[12] World Health Organization Regional Office for Europe, *European Report on Preventing Elder Maltreatment* (World Health Organization, 2011), p. 13. See also www.abuel.org.

[13] HelpAge International, "Using the law to tackle accusations of witchcraft: HelpAge International's position", available from www.helpage.org.

older persons, such as financial exploitation, restricting a person's free will, manipulation during the drafting of wills, neglect, mental cruelty and physical violence. This was followed in 2010 by *Recognizing Violence. Questions and Answers about Dementia and Violence*, dealing with the challenge that dementia represents to those suffering from the disease and those living and interacting with them. The third brochure, *Recognizing Violence. Older Persons in Institutions*, issued in 2012, addressed maltreatment in social and medical institutional settings. Similarly, in South Africa, the Department of Social Development led an awareness-raising campaign on elder abuse in 2009 and 2010.

28. The training of professional staff who work with and/or care for older persons is considered a key preventive measure. While abuse or neglect on the part of an individual or individuals is often intentional, maltreatment also arises from systemic issues, such as an insufficient number of staff in hospitals and care facilities, or a lack of recognition that the way operations are managed in an institutional setting not only constitutes abuse, but also a lack of respect for the dignity of older persons. Providing training that would help professionals and managers to become aware of both the individual and the systemic drivers of maltreatment, as well as to address elder abuse is, therefore, of critical importance. In Ireland, for example, the National Centre for the Protection of Older People has conducted training on elder abuse for thousands of personnel in the health and social care sectors.

29. As many dependent older persons continue to be cared for within a family framework, some Governments have taken measures to provide information to older persons and support to informal caregivers in order to prevent situations that could lead to abuse. The National Center on Elder Abuse of the United States Administration on Aging has issued in a number of languages a two-page information sheet entitled "Protect yourself from abuse, neglect and exploitation", with a list of dos and don'ts and help resources. A number of countries have begun giving training and support to individuals who are caregivers for their older relatives. In Japan, such training has been carried out since 2006 under the Act on Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and other Related Matters. Additionally, a few countries have started offering adult day-care services, as well as subsidizing informal caregiver respite.

30. Responses to the public consultation on the promotion and protection of the human rights of older persons, organized early in 2013 by the Office of the United Nations High Commissioner for Human Rights pursuant to Human Rights Council resolution 21/23, have illustrated the variety of legal and policy approaches taken by Member States in the areas of prevention of and protection from abuse.[14] A number of countries, including Cyprus, Ghana, Malawi and Namibia, indicated that their domestic violence and family laws provided protection, although such laws often lacked an explicit reference to older persons. Other countries, such as Albania, Romania and Ukraine, have laws on social assistance but no legal protection from abuse. Malaysia amended its Domestic Violence Act in 2012 to incorporate elder abuse, and psychological and emotional injury, while Kenya has added a provision to its Constitution to protect older persons from violence. Hungary has amended its penal code to increase the penalties for abuse of older persons.

[14] See A/HRC.24/25.

31. Other countries have adopted national legislation protecting older people from violence and abuse that focuses on criminalization measures. For example, the Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly, adopted in 1996, has prohibited the maltreatment of older persons and includes provisions for the criminal prosecution of family members who fail to maintain and care for older persons. In the same way, in India, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 has criminalized abandonment. In Nepal, the Senior Citizens Act of 2006 established criminal sanctions against employees of care centres or other facilities who commit elder abuse.

32. In South Africa, a focus of the Older Persons Act of 2006 was to combat elder abuse and it sets out a procedure for filing complaints concerning elder abuse. Similarly, in the United States several laws addressing the issue have been passed, including the Elder Abuse Victims Act of 2009, which established specialized elder abuse prosecution, victim aid and training for the judiciary and law enforcement officers.

IV. Older adults and mental health

33. Owing to rising life expectancy and the consequent growth in the absolute numbers of the older population, the incidence of mental health diseases that affect older persons particularly, such as dementia and Alzheimer's disease, has been increasing. Alzheimer's disease and dementia are progressive, degenerative disorders that result in loss of memory, difficulties in reasoning and communication, and behavioural and mood changes, which progressively affect the ability to participate in economic activity and to function socially. In the later stages of those diseases, older persons who suffer from them often need significant amounts of health care, intensive long-term services and personal care support.

34. Nearly 40 per cent of the population aged 85 years and older in the United States suffer from Alzheimer's disease and related dementia. Furthermore, because women live significantly longer than men, almost two thirds of Americans with Alzheimer's disease are women. Alzheimer's Disease International has estimated that dementia rates will nearly double every 20 years, from 36 million elder persons worldwide in 2010 to 115 million in 2050.[15] Currently, 58 per cent of all people with dementia live in low- and middle-income countries, a figure that could reach 71 per cent by 2050.[16]

35. The mental-health needs of older persons were identified by the international community as a crucial concern in the Madrid International Plan of Action on Ageing. WHO made dementia a priority in its 2008 Mental Health Gap Action Programme, which focused on expanding services in low- and middle-income

[15] A recent study, however, provides evidence that a cohort effect exists in dementia prevalence and that prevalence has been falling in England in the past two decades. See Fiona E. Matthews and others, "A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II", *The Lancet*, Early Online Publication, 17 July 2013.

[16] Alzheimer's Disease International, *World Alzheimer Report 2010*; The Global Economic Impact of Dementia.

countries. The Action Programme provided simple steps for professionals to identify and provide support to those suffering from dementia and their families.[17]

36. The second review and appraisal of the Madrid Plan, 2012 revealed that the mental health of older persons, while an issue of growing concern, was not a policy focus in most Member States. Several countries in the ECE region have expanded services for those suffering from Alzheimer's disease and dementia. However, ensuring access to affordable services has continued to be a challenge.[18] In the ECLAC and ESCAP regions, there has been growing awareness that mental health issues should be part of public health agendas,[19] but the development of policies and programmes has remained at an early stage. In other regions, there has been a lack of awareness of mental health issues in general, and in relation to ageing in particular, and therefore a lack of pertinent policy and programme development.

37. A number of developed countries have already established either national plans of action, for example, France, Norway and the Republic of Korea, or plans at the state level, such as Australia and the United States. Others have developed specific programmes to address particular issues, such as care support in the Netherlands.

38. Development of a national plan requires a multifaceted strategy that, in accordance with the recommendations of WHO, should include raising awareness, timely diagnosis to ensure access to drug treatments that could delay or reduce symptoms, commitment to good quality treatment, continuing care and services, caregiver support so families are able to understand the illness and learn how to support the older persons, workforce training for professionals, prevention and research.[17]

39. Raising awareness at all levels of society, and in particular among older persons themselves, is crucial in many respects. The stigma that surrounds dementia sufferers and their families often prevents early diagnosis. Alzheimer's Disease International has estimated that stigma was the main explanation for the gap between prevalence estimates and diagnosis rates, with under 50 per cent of people with dementia being formally diagnosed.[20] Fear and stigma arise from misconceptions about dementia, its causes and the probable behaviour of the person with dementia. Only with the advent of medical and drug treatments in the past 10 to 15 years has widespread discussion of dementia started. However, in many societies, persons with dementia are still hidden away, abandoned or, in some cases, accused of witchcraft.[21]

40. If placed within the context of global annual spending on mental health for the general population, which ranges from less than two dollars per patient annually in high-income countries to less than 25 cents in low-income countries, the growing prevalence rates of Alzheimer's disease and dementia clearly present a growing public-health challenge. In addition, almost half of the world's population live in countries where, on average, there is one psychiatrist to serve 200,000 or

[17] World Health Organization *Mental Health Gap Action Plan* (mhGAP), 2008. www.who.int/mental_health/mhgap/en/.

[18] E/CN.5/2013/6, para. 31.

[19] Ibid., para. 72.

[20] *World Alzheimer Report 2012; Overcoming the Stigma of Dementia*, p. 7.

[21] http://www.irinnews.org/report/93961/ghana-reintegrating-the-nation-s-witches (13 October 2011), http://www.guardian.co.uk/commentisfree/belief/2010/dec/31/ghana-witches-burned-alive-women.

more individuals. A WHO dementia survey of 30 countries, ranging from high- to low-income countries, found that legislation to protect the rights of older persons with dementia was lacking in low- and middle-income countries. Such legislation generally covers issues of legal capacity, decision-making, and protection from all types of physical and financial abuse.[22]

41. One example of such legislation is the United Kingdom Mental Capacity Act 2005, which has provided a framework to empower and protect people who need support in taking decisions. Its underlying approach has been to ensure that those who lack capacity are empowered to make as many decisions as possible, with support, if necessary, and that any decision taken on their behalf is taken in their best interest and restricts their rights and freedoms as little as possible. A Code of Practice has supported the legislation, providing guidance to all those who care for, or make decisions on behalf of, adults who lack sufficient mental capacity. The Deprivation of Liberty Safeguards form part of the Mental Capacity Act. They have been designed to protect people in care homes and hospitals from being deprived of their liberty without formal authorization. The Safeguards provide a legal representative for the person concerned, allow a right of challenge to the Court of Protection against unlawful deprivation of liberty, and allow for regular review and monitoring of individual cases. In practice, problems have arisen using the Safeguards, because of uncertainty about what constitutes "deprivation of liberty", particularly in a home-care setting and because of inconsistent approaches to using the Safeguards by different public authorities.[23]

42. The onset of Alzheimer's disease or dementia brings with it a higher risk of financial abuse, physical violence and lack of respect for the human rights, freedoms and dignity of those in treatment and receiving care. For instance, attempts to monitor and control the movement of persons with dementia have involved the use of physical and pharmaceutical drug restraint that sometimes leads to charges of physical abuse. In addition, lack of support and training for both formal and informal caregivers could easily lead to situations where abuse, even unintended, is more likely to occur.

43. In the recently adopted WHO Comprehensive Mental Health Action Plan 2013-2020,[24] Member States agreed that the provision of comprehensive, integrated and responsive mental health and social care services in community-based settings was a key objective. The Plan places emphasis on empowerment of those with mental health issues and on a rights-based approach to the development of programmes and policies, in view of the widespread violation and discrimination experienced by persons with mental disorders.

V. Conclusions and recommendations

44. The main findings of the second review and appraisal of the Madrid International Plan of Action on Ageing have shown that there is a growing

[22] World Health Organization and Alzheimer's Disease International, *Dementia: A public health priority* (WHO, 2012), table 3.3.

[23] Response of the Equality and Human Rights Commission of the United Kingdom of Great Britain and Northern Ireland to the United Nations consultation on the human rights of older persons, dated March 2013.

[24] World Health Assembly, resolution WHA66/8 of 27 May 2013, annex.

recognition of the need to acknowledge and address the social and economic exclusion, age discrimination and general ageism from which older persons suffer. Indeed, many Member States have embarked on addressing discrimination on the basis of age more systematically, with some putting forward an "age equality agenda". In doing so, those countries have been considering the adoption of guiding principles on which to base age-fair and enabling policies that would serve to identify and improve existing and future regulations, policies and practices. The most commonly mentioned principles have been equality, equity and non-discrimination, dignity, independence and personal safety, and economic security.

45. The second review and appraisal revealed significant regional differences in Member States' approaches to strengthening the protection of the human rights of older persons. In general, European countries and several other developed countries have favoured mainstreaming issues of ageing and older persons into existing legislation, while South American, Central American and several African countries have favoured the adoption of a single, specific and binding instrument dealing with older persons, as evidenced by the draft convention within the framework of the Organization of American States, and the African Union draft protocol to the African Charter of Human and People's Rights on the rights of older persons in Africa.

46. These developments result, to a significant extent, from the fact that 10 years after the adoption of the Plan of Action, prejudicial attitudes and discriminatory practices — which many have named "ageism" — on the part of individuals and institutions towards older persons have continued to undermine the role of older persons in society.

Recommendations

47. **The General Assembly may wish to recommend that Member States:**

(a) **Adopt guiding principles on which age-fair and old-age-enabling policies should be based, and review and amend systematically existing practices and regulations that are biased against older persons;**

(b) **Share their national experiences in developing and implementing policies and programmes aimed at strengthening the promotion and protection of the human rights of older persons, within the framework of the Open-ended Working Group on Ageing;**

(c) **Ensure that the social integration of older persons and the promotion and protection of their rights form an integral part of the development agenda at the national and global levels.**